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Sports Clubs as a Medium for Integrating People with Disabilities

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Declarations of interest

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Sports Clubs as a Medium for Integrating People with Disabilities

Abstract

Participation in sports clubs is often ascribed the ability to promote social integration of people with disabilities, since it can provide a platform for creating social networks and friendships. However, integration is not reached automatically, and it is strongly reliant on specific factors and conditions. Therefore, this study compares the degree of social integration of members with and without disabilities and analyses individual and structural factors relevant for social integration of members with disabilities. Social integration is conceptualised as a multidimensional concept and focuses on socio-cultural and socio-affective (interaction, identification) dimensions. Statistical regression analyses were conducted using data from 13 082 members (N = 1 482 of that reported at least one disability) in 642 sports clubs in ten European countries. The results show that members with disabilities are integrated to the same extent as members without disabilities, and the degree of social integration seems to be more reliant on individual factors than on structural factors of sports clubs. Particularly affiliation and participation in a club (volunteering, participation in competitive sport, long-term membership, frequency of sport participation, team/group size) are relevant for social integration. Furthermore, the setting matters, as members with disabilities practising in both settings, only with people with disabilities as well as together with members without disabilities, are slightly better integrated regarding the "interaction"-dimension than those practising in a separate setting only.

Keywords: disability sport, social integration, sports clubs, sport participation

Introduction

Political initiatives like the United Nations Convention on the Rights of Persons with Disabilities (United Nations, 2006) or the White Paper on Sport by the European

Commission (2007) aim to increase social integration of people with disabilities in the context of sport in most European countries (Breuer, P. Wicker, & Forst, 2011). However, research indicates that people with disabilities are less physically active than the non-disabled population (Finch, Lawton, Williams, & Sloper, 2001; Sotiriadou & Pamela Wicker, 2014; Ullenhag et al., 2012) and clearly underrepresented in the organised sport setting (Verdonschot, Witte, Reichrath, Buntinx, & Curfs, 2009). Here, the participation rates are different in various European countries (e.g. Østerlund, Ryding, & Jespersen, 2014; Ullenhag et al., 2012). For example, in Germany only 8% of the population with disabilities are active in a sports club (Wedemeyer-Kolwe, 2011) versus almost 30% of the population without disabilities (Deutscher Olympischer Sportbund e. V., 2018). However, full and equal participation is important as existing research points out that organised sport contributes to strengthening the social ties of people with disabilities by fostering their social contacts, interactions and bonding as well as establishing networks and friendships (Carter et al., 2014; Corazza & Dyer, 2017; Darcy & Dowse, 2013; David Hassan, Sandra Dowling, Roy McConkey, & Sabine Menke, 2012). Compared to informal sport, organised sport activities are considered to have a higher potential for stimulating social integration in and through sport (Kanamori et al., 2012). Therefore, sports clubs can be viewed as a tool for building integrative communities and as a contributor to public welfare (Rimmer, 2008; Spaaij, Magee, & Jeanes, 2014). Moreover, research reveals that organised sport enhances people with disabilities' received support from family, friends and significant others and strengthens their social embeddedness (Di Palma, Raiola, & Tafuri, 2016; Kissow, 2015; Nicholson, K. Brown, & Hoye, 2013; Urbański, Bauerfeind, & Pokaczajło, 2013). In this way, sport is perceived as a normalising experience that

increases their quality of life (Anderson, Wozencroft, & Bedini, 2008; Anderson, 2009; Goodwin & Staples, 2005; Piatt et al., 2018; Spencer-Cavaliere & Peers, 2011).

However, sports clubs' potential for social integration is also doubted, showing social closure practices like discrimination, prejudices and conflicts (C. Brown & Pappous, 2018; Patel, 2015). Besides the positive outcomes that may predominate, research also reveals negative outcomes that have to be taken into account (Tsai & Fung, 2009; R. McConkey, S. Dowling, D. Hassan, & S. Menke, 2013). People with disabilities often practice sport in separated settings in the form of specific disability sports clubs or training groups and often face discrimination and exclusion from mainstream sport (Collins & Kay, 2014; Patel, 2015). In this respect, Sørensen and Kahrs (2006) emphasise that only few people with disabilities survive in integrative mainstream sport, whereas 'those with greater needs for support and resources will not be able to adopt the practices and values of able-bodied sport and therefore have fewer opportunities to participate' (p. 199). The strong underrepresentation as well as the separation imply that people with disabilities face various individual (e.g. disability) and structural (e.g. infrastructure) barriers to social participation in sport (Jaarsma, Dijkstra, Geertzen, & Dekker, 2014). Consequently, social integration of people with disabilities in organised sport is a complex matter dependent on several individual and organisational conditions that appear to be contradictory sometimes (Lee, Causgrove Dunn, & Holt, 2014). In addition, social integration of people with disabilities in sport organisations, especially in mainstream sports clubs, is still an unattended issue in sport science research (Shapiro & Pitts, 2014), since existing studies mainly concentrate on the physical education context (Block & Obrusnikova, 2007; Qi & Ha, 2012; Reuker et al., 2016).

Thus, it seems necessary to gain comprehensive knowledge by analysing a broad

range of individual and structural factors that might influence social integration in organised sport activities (Cunningham, 2011; Shapiro & Pitts, 2014). Therefore, this study analyses the following research questions with a multidimensional concept of social integration based on Elling, De Knop and Knoppers (2001) by using comparable data from ten European countries: To what extent are members with disabilities socially integrated in sports clubs compared to members without disabilities? Which individual (e.g. disability form, volunteer engagement, frequency of sport activities, involvement in competitions, membership duration) and structural factors (e.g. specific goals, targeted initiatives) play a role in social integration of people with disabilities in sports clubs?

Social integration of people with disabilities in organised sport – theoretical framework

Concept of social integration in sports clubs

Our study focuses on the process of integration in the specific setting of sports clubs. Based on the work of Elling et al. (2001) and Esser (2009), Elmose-Østerlund et al. (accepted) introduced social integration in sports clubs as a multidimensional concept, comprising three dimensions:

(1) *Structural integration* focuses on whether the membership in sports clubs is more broadly representative of the society, or if some social groups, e.g. people with disabilities, ethnic minorities or other socially vulnerable groups, are underrepresented compared to the population of the respective society.

(2) *Socio-cultural integration* includes two different aspects:

Understanding refers to the ability of individuals to know and master dominant values and norms that can be written or unwritten. In sports clubs, a set of values

and norms are often agreed upon by members, and an important part of becoming integrated in the club is learning and mastering these.

The *acceptance* of multiculturalism within clubs and amongst members signifies that people can be socially integrated even if they have not assimilated to the dominant club culture. That means that in sports clubs with members from different cultural backgrounds, there can be a climate of openness – also for people that have any kind of disability.

(3) *Socio-affective integration* can be subdivided into the following two dimensions:

Interaction is understood as the participation in social life and the formation of social networks. In the context of sports clubs, it should be viewed broadly not only as participation in sport activities but also in member democracy, voluntary work and social gatherings. In that sense, the degree to which members play an active role in the club can be a measure of one facet of social integration.

Identification describes the emotional devotion. It measures to what extent members identify with and feel emotionally connected to their sports club and the other members.

In this article the focus lies on socio-cultural and socio-affective integration as dependent variables because only sports club members, who are already structurally integrated in a sports club, were included. Consequently, differences between members with various disabilities and without a disability become clear. As a result, the question to what extent sports clubs are an attractive setting for people with disabilities in general is not focus of this study.

Individual and structural factors relevant for social integration of members with disabilities in sports clubs

Existing research pointed out that there are various barriers and restrictions at the individual, structural and environmental level affecting their sport participation (Jaarsma et al., 2014; Shields, Synnot, & Barr, 2012). The relevant factors on the different levels are presumably also relevant for the social integration of members with disabilities in sports clubs. Thus, our theoretical considerations are guided by a multilevel framework (e.g. Nagel et al., 2015).

On an *individual level*, the lack of physical or cognitive skills (e.g. gross motor function, manual or cognitive ability, lack of energy and fatigue), lack of social skills (e.g. communication problems, tentativeness and fear of contact) and psychological aspects (e.g. lower self-concept, self-confidence, independence) as well as lack of perceived social support (e.g. by their family, peers and significant others) are described as the most important restrictions affecting sport activity (e.g. Bult, Verschuren, Jongmans, Lindeman, & Ketelaar, 2011; Jaarsma, Dijkstra, Blecourt, Geertzen, & Dekker, 2015; Shields et al., 2012; Stroud, Minahan, & Sabapathy, 2009). These restrictions might be different for people with different disability forms and according to the severity of a disability. Furthermore, the different forms of disabilities are not only relevant for participation in sport activities, but likely also for the different aspects of social integration. Consequently, the following research questions are of interest: Are there differences between members with and without disabilities regarding social integration in sports clubs? What role do different forms of disability play for social integration, and to what extent are the need of special adjustments as well as perceived personal, social, structural or other restrictions relevant?

Furthermore, socio-demographic variables (gender, age and educational level) are considered. Although existing literature on sports club participation that concerns members in general and not only people with disabilities shows that women are underrepresented (European Commission, 2018), there seem to hardly be any gender effects with regard to socio-affective and socio-cultural integration (Schlesinger & Nagel, 2015; Ørnulf Seippel, 2005; van der Roest, van der Werff, & Elmose-Østerlund, 2017; Østerlund et al., 2014; Østerlund & Ørnulf Seippel, 2013). Considering age, younger people are to a higher degree structurally integrated in sports clubs (European Commission, 2018). Besides, younger people also have higher values in socio-affective and socio-cultural integration in sports clubs (Østerlund et al., 2014; Østerlund & Ørnulf Seippel, 2013). Existing research indicates no substantial differences in social integration with regard to educational level and social class differences (Ørnulf Seippel, 2006). A Danish study even found that the participation of members in strong communities, where a high social interaction with and high emotional commitment to other members are combined, decreases with educational level (Østerlund & Ørnulf Seippel, 2013). However, according to the European Commission (2018) people from lower classes are less structurally integrated in sports clubs. Although the literature review reveals few differences in social integration according to social background, the effect of these variables might be different when examining it only amongst people with disabilities because the assumptions are based on studies that do not specifically analyse this target group. As there is hardly any research on members with disabilities, the following question arises: Are gender, age and educational level relevant for social integration of members with disabilities in sports clubs?

Social integration in sports clubs takes time and is associated with specific forms of affiliation and participation in the context of sports clubs. At least we can see from

other studies on sports club members that the type of affiliation to a club (e.g. volunteering), the membership duration, the frequency of sport participation, the form of participation (e.g. competitive sport) as well as the team or training group size are positively correlated with social integration (Baur & Braun, 2003; Elling & Claringbould, 2005; Nagel, 2006; Schlesinger & Nagel, 2015; Østerlund et al., 2014; Østerlund & Ørnulf Seippel, 2013). Thus, the following research question is formulated: What role do voluntary engagement, membership duration, frequency of sport participation, participation in competitions and the size of team or training group play in the social integration of sports club members with disabilities?

Furthermore, it is interesting to investigate, for the specific target group of members with disabilities, if they practice sport in a training group only with people with disabilities and/or in a mixed training group together with people without disabilities and how that affects their social integration. Radtke (2016) found that at the beginning of Paralympic athletes' careers different motives lead to either being in favour of a separate or a mixed training group. Motives for being in favour of a mixed setting were that people with disabilities do not want to attract attention and they reject the assignment to disability sport as they do not want to be stigmatised as disabled. On the other hand, some athletes with disabilities preferred a separate setting which they experienced as a safe environment where they could benefit socially from practising with other athletes with similar disabilities feeling less pressure to perform. In the context of our research perspective the following question arises: Are sports club members with disabilities better socially integrated if they practice sport in a mixed training group?

Regarding the *structural level*, a number of restrictions were reported for the participation of people with disabilities in sports clubs, including the lack of sport

opportunities and physical activity programmes, focus on team and competitive sport, inadequate sport facilities and material, lack of transport possibilities, lack of financial resources and high costs, respectively, lack of trained staff capacity (e.g. Cunningham, 2011; Jaarsma, Dijkstra, Geertzen, & Dekker, 2014; Kitchin & Howe, 2014; Misener & Darcy, 2014; Shields, Synnot, & Barr, 2012; Shields & Synnot, 2014; Pamela Wicker & Breuer, 2014). As these factors are related to club policy, which is reflected in initiatives and club goals, it can be expected that special programmes and initiatives, in this case for people with disabilities, have an influence on social integration. Initiatives for people with disabilities were, in our study, operationalised as targeted sport activities, special teams for people with disabilities, cooperation with sport organisations, municipalities or local governments, concessionary membership fees (e.g. reduced or funded) as well as special efforts to compensate disabilities (e.g. specialised equipment or adaptions to buildings). Regarding general club policy, it might have a positive influence if the clubs' board strives to help socially vulnerable groups to become better integrated into the club or if the club strives to offer sport to as many population groups as possible. As integration seems not to be reached automatically, the following research questions can be derived: Are special initiatives at the club level for people with disabilities conducive to their social integration? Are specific club goals related to the integration of people with disabilities or other population groups relevant for the social integration of members with disabilities?

The *environmental level* comprises restricting factors such as lack of policy programmes and negative societal attitudes, e.g. lower social acceptance, perceived social isolation and discrimination (Brittain, 2004; Kozub & Lienert, 2003). As policy programmes regarding sport for people with disabilities differ between countries (Bjarne Ibsen, Nichols, & Elmose-Østerlund, 2016) a further research question is: Are

there differences in the degree of social integration of sports club members with disabilities between various countries?

Method

The data for the empirical analyses of the research questions are retrieved from the project 'Social Inclusion and Volunteering in Sports Clubs in Europe' (SIVSCE), which was the first to collect large-scale comparative data on sports clubs with a particular focus on social integration as well as on volunteering (Elmose-Østerlund & B. Ibsen, 2016; Elmose-Østerlund, B. Ibsen, Nagel, & Scheerder, 2017). Data were collected on the meso level of sports clubs and the micro level of members and volunteers (Nagel, 2007; Nagel et al., 2015) with online questionnaires in ten European countries: Belgium (Flanders), Denmark, England, Germany, Hungary, the Netherlands, Norway, Poland, Spain and Switzerland (see Table 1). These countries were selected to provide a broad range of various geographical regions, different sport policy systems and levels of sports club participation in Europe.

[Table 1 near here]

Sample: members in selected sports clubs

At the micro level, an online survey was conducted in spring of 2016 amongst adult (16+ years) members and volunteers in 642 European sports clubs. The survey used national translations of an English questionnaire developed and cross-checked in the research group. It included questions about social integration and participation in sports clubs as well as the main socio-demographic characteristics.

The 642 sports clubs were selected from a sample of 35 790 clubs that replied to a sports club survey (in all ten countries) in the autumn of 2015 (for details see Breuer et al., 2017). Information was drawn from this survey about the structural characteristics

of the sports clubs and the main issues related to the promotion of specific member groups (e.g. special initiatives for members with disabilities). The sports clubs for the member surveys were selected to represent a broad variation of sports clubs within each of the ten participating countries. It is noteworthy that the sports clubs that were selected are not representative for sports clubs in Europe. Rather, they represent the range of clubs in each country with different structural characteristics with regard to sports activities offered, club size, single-sport vs. multisport clubs, and the degree of urbanisation in the local area in which the clubs are located. Disability sports clubs were included in the sample. However, most of the selected clubs are not exclusively for people with disabilities, which reflects the fact that only a small proportion of European sports clubs are specific disability sports clubs. Because the sample(s) of clubs cannot be expected to be representative for sports clubs in each of the ten countries specifically or for European sports clubs in general, data can only be generalised with caution at the national as well as at the European level.

In all ten countries, a minimum of 30 sports clubs with a total of at least 2 000 members and volunteers, were included in the sample. As Table 1 shows, a total of 13 082 members and volunteers replied to the survey. The sample contains N = 1 482 members with disabilities (for details see van der Roest et al., 2017). A total of 655 members reported a chronic disease (e.g. asthma, diabetes, multiple sclerosis), 606 a physical disability (e.g. mobility impairment, problems in the musculoskeletal system), 226 a hearing impairment, 191 a visual impairment, 90 a psychosocial or behavioural problem (e.g. autism, ADHD) and 18 an intellectual disability (e.g. Down's syndrome).

The subsamples of members with disabilities for each of the 642 clubs were quite small (in most clubs less than five members). Thus, the requirement for a multilevel analysis with club as a second level were not fulfilled. Consequently, we only calculated

multilevel models with country as a second level factor to check for the magnitude of country variations before conducting an OLS regression. We analysed structural factors in bivariate analyses.

Data analysis

The data contained 14 items measuring the dependent variables of social integration that could be reduced to three dimensions of social integration (see Table 2; Elmose-Østerlund et al., accepted). The statistical analyses were conducted with IBM SPSS Statistics Premium Campus Edition 25.

First, social integration scores of members with disabilities were compared to members without disabilities conducting bivariate analyses. After controlling for country variation by conduction multilevel regression analyses, OLS regression analyses were carried out for members with disabilities. Finally, correlation analyses between club goals (data collected at the club level) and initiatives on the one hand and integration of people with disabilities on the other hand were conducted.

Operationalisation: dependent and independent variables

Social integration scores as dependent variables

To analyse social integration, the following three scores were constructed with the 14 items on social integration of the member and volunteer questionnaire (reliability analysis: Cronbach's α between .75 and .83 according to Elmose-Østerlund et al., accepted, see Table 2):

(1) *Socio-cultural integration* in sports clubs means both the ability of members to know and master values and decision-making in sports clubs as well as the acceptance of multiculturalism. Two items were on *understanding*, where members were asked if they understand the democratic decision-making structures of the club. This focus was taken as the democratic decision-making

structures are a characteristic aspect of sports clubs and knowledge about how member democracy and political participation of a club works is important to understand other aspects of the functioning of a club. One item was on *acceptance* where members were asked if they feel accepted for who they are. This simplification gives a clue if there exists a climate of acceptance within a certain sports club. As understanding of democratic decision-making and acceptance make up one dimension in the factor analysis even though they deal with different aspects of socio-cultural integration, from now on these two subdimensions will be addressed with *understanding/acceptance* (Elmose-Østerlund et al., accepted).

(2) *Socio-affective integration* will from now on be addressed with the following two subdimensions:

(a) *Interaction* is understood as the socialisation and the formation of social networks amongst members. Six items measured this index representing the frequency of participation in different forms of social life in the club, the quality of social relations as well as the socialisation impact.

(b) *Identification* means the degree to which members identify with and feel emotionally connected to the club. The five items measuring identification focus on the club atmosphere, the significance of the club to the members and volunteers and the club as a social group.

The dimensions identified in the exploratory factor analysis are in line with the theoretical reflections, except for understanding/acceptance, in which all three indicators make up one single dimension that does not differentiate the theoretical distinctions between understanding and acceptance. After having established the three dimensions, indices were constructed (ranging from 0 to 100).

[Table 2 near here]

Independent variables on the meso and the micro level

There are six categories of independent variables that might influence social integration, four on the individual level of members (see Table 3), one on the structural level of training groups and one on the structural level of sports clubs:

(1) *Indicators of disability* are the disability form, special adjustments needed and restrictions. People with cognitive disabilities were not included in the regression models due to the small sample size.

For special adjustments, people that reported at least one disability were asked if they need one or more of the following adjustments when participating in sport activities: customised sport wheelchair, customised sport material, customised sport arm or leg prothesis, guide/service dog, buddy for people with a visual impairment, special playing rules or other special adjustments.

Restrictions were subdivided into personal (five items, e.g. 'I am dependent on sign language'), social (five items, e.g. 'It is difficult for me to be part of a team'), structural (six items, e.g. 'Playing rules are not adapted for people with a disability/health problem') and other restrictions. Multiple answers were possible.

(2) *Socio-demographic background* includes gender, age and educational level.

(3) *Affiliation* describes if someone is affiliated as a member and/or regular or occasional volunteer.

(4) *Participation* includes the frequency of sport participation, participation in competitions and membership duration.

(5) *Characteristics of the training group* includes the size of the team or training group where the member is most frequently active and if a person with a

disability practices only in a group together with other people with disabilities and/or in a mixed setting. The latter was not included in the multilevel regression model as it causes considerable drop-out.

(6) C*lub policy* with a possible influence on social integration of people with disabilities comprises club attitudes regarding integration of vulnerable population groups and special initiatives for people with disabilities.

[Table 3 near here]

Results

Degree of social integration of people with disabilities in European sports clubs

Members with disabilities are relatively well integrated regarding understanding/acceptance, interaction and identification and there are no differences when comparing members with and without disabilities in a bivariate analysis (see Table 4).

[Table 4 near here]

However, there are some significant differences when regarding specific disabilities. There is an effect for the dimension "interaction": People without a physical disability (N = 10 485) score higher ($t^1(11\ 089) = 3.281$; $p_{2\text{-tailed}} = 0.001$) than people with a physical disability (N = 606). Furthermore, members with an intellectual disability score significantly lower regarding the "understanding/acceptance"-dimension ($t^2(15.020) = 2.742$; $p_{2\text{-tailed}} = 0.015$; $N_{\text{people with intellectual disability}} = 16$; $N_{\text{people without disability}} =$

1. Equal variances assumed.

10 332) and identification ($t^2(16.024) = 2.236$; $p_{2\text{-tailed}} = 0.033$; $N_{\text{people with intellectual disability}} = 17$; $N_{\text{people without disability}} = 10\,719$). People with a psychosocial/behavioural problem (N = 85) score significantly lower ($t^2(84.801) = 3.604$; $p_{2\text{-tailed}} = 0.001$) than people without a psychosocial/behavioural problem (N = 10 263) regarding the "understanding/acceptance"-dimension.

Individual factors relevant for social integration

The results of a multilevel regression analysis revealed that intercept variances at the country level were not significant in the statistical multilevel models for all three dependent variables. The country level intra class correlations (ICCs) were relatively low (between 0.016 and 0.039), indicating that a limited percentage of the variation in the dependent variables can be explained by differences at the country level. Therefore, regression models are limited to the individual level of members with disabilities.

The OLS regression (only for members with disabilities) shows only small effects of the disability-specific variables, which is in line with the bivariate analyses. There are even less effects as experienced restrictions and socio-demographic determinants are controlled (see Table 5). Regarding disability form, only people with a psychosocial disability are significantly less integrated in the dimension of "understanding/acceptance" in the first model. For the dimensions of "interaction" and "identification", people who experience social restrictions are less integrated only in model 1. This effect disappears when other variables regarding affiliation and participation in the club are added in model 2. People who need special adjustments or experience personal, structural or other restrictions are integrated in the same way as people that do not.

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2. Equal variances not assumed.

Gender is only significant in the first models of the "understanding/acceptance"- and "interaction"-dimensions where men are better integrated. The results for the different age groups show that age plays a role for the "identification"-dimension where members between 40–59 years score significantly lower compared to young people aged 16–39 years in models 1 and 2. Furthermore, there are effects of educational level in that members with higher education levels have smaller values in the dimension of "identification" and higher values in the "understanding/acceptance"-dimension.

The second models show that the variables describing affiliation and participation of members with disabilities are more relevant for social integration than disability-specific and socio-demographic background variables. The r^2-values for the second models are much higher than those for the first models. For the "interaction"-dimension, all integrated variables on affiliation and participation in the club are significant. However, regarding the dimensions of "identification" and "understanding/acceptance", only some of these variables show effects while at the same time socio-demographic background variables, especially educational level, seem to be more important than for the "interaction"-dimension. Regarding the "identification"-dimension, the frequency of sport participation shows no significant effect. Furthermore, for "understanding/acceptance" only being a volunteer and the membership duration are positively associated with this dimension.

Voluntary engagement as an occasional or even more as a regular volunteer is positively correlated with all dimensions of social integration in the second and third models. Membership duration is positively correlated with the "understanding/acceptance"-dimension in the second model and with the "interaction"-dimension in the second and third model.

The third models show that members with disabilities who practice sport in both settings (N=313), only with people with disabilities as well as mixed together with people without disabilities, score significantly higher regarding the "interaction"-dimension compared to people who practice in a separate setting only (N=38). For the other two dimensions, there are no significant effects.

[Table 5 near here]

Correlation of club policy and social integration of people with disabilities

Regarding social integration according to club attitudes and initiatives, the general tendency is that there is a higher integration amongst members with a disability in clubs that have special initiatives. However, this is only significant for the "identification"-dimension ($t^1(1\ 340) = -2.065$; $p_{2\text{-tailed}} = 0.039$; $N_{\text{members in clubs without initiatives}} = 1\ 068$; $N_{\text{members in clubs with initiatives}} = 274$).

There are no significant correlations between social integration of members with disabilities and the following club goals: (1) helping socially vulnerable groups – including people with disabilities – to become better integrated into the club and (2) including many population groups (measured on a five-point Likert scale).

Discussion

This article examined the relevance of a broad range of individual and some structural factors for social integration of members with disabilities in European sports clubs.

The results show that sports club members with disabilities are relatively well integrated regarding the three dimensions "understanding/acceptance", "interaction" and "identification" when compared to members without disabilities. However, a closer look at the results shows that people with an intellectual disability score significantly

lower for “understanding/acceptance” and “identification”. A limitation of this finding is the small sample size of people with an intellectual disability that might be caused by difficulties in understanding the questionnaire. Another reason could be that less people with intellectual disabilities are members of mainstream sports clubs. This goes hand in hand with findings of Sørensen and Kahrs (2006) that people with severe disabilities might not have the possibility to be active in the integrative context, because they probably would be less integrated. Another group that scored significantly lower in “understanding/acceptance” are people with a psychosocial disability. This could be due to greater difficulties for these people to develop social skills (Linz & Sturm, 2013) which affects the understanding and adaption of dominant values and norms of a club and therefore leads to less acceptance by other club members.

The OLS regression analysis showed that from the restrictions, only social restrictions are negatively associated with social integration in the first models of the “interaction”- and “identification”-dimensions of social integration. This makes sense as social restrictions such as having difficulties in being around many people at the same time or not having a buddy when having a visual impairment may obviously restrict possibilities for all dimensions of social integration whereas personal or structural restrictions are probably only relevant for structural integration. People who need special adjustments for practising their sport are not significantly less integrated as the level of support is probably most relevant for structural integration (Darcy, Lock, & Taylor, 2017).

The socio-demographic background variables gender and age only play minor roles for social integration whereas educational level positively correlates with the “understanding/acceptance”-dimension of social integration in models 1 and 2. This finding suggests that higher educational levels are conducive to the understanding of

values and norms of a club as well as to the acceptance of a multicultural climate which obviously makes sense. However, this contradicts findings from a Danish sample where participation of members in strong communities, decreases with educational level (Østerlund & Ørnulf Seippel, 2013). Interestingly, better educated members with disabilities appear to identify less with the club as higher educational levels are associated with lower scores in "identification".

People with disabilities affiliated as regular or occasional volunteers show higher values for all three dimensions of social integration which matches with previous findings that were however, not specific for the target group of people with disabilities (Nagel, 2006; Schlesinger & Nagel, 2015). Probably, volunteering helps to understand better how the club functions and gives opportunities for socialising and regular discussion with other people. However, another reason might be that those members with disabilities who are already well integrated socially are willing to engage as volunteers.

The result that non-sports active people are better integrated in this sample should be interpreted carefully. One option might be that they are not active in sport anymore, but still remain as passive members because they have a strong commitment to the club and close social relations in the club. This also goes in line with the result that membership duration positively correlates with social integration in the dimensions "understanding/acceptance" and "interaction" which matches with the literature (Nagel, 2006; Schlesinger & Nagel, 2015), either suggesting that people who have been long-term members are better socially integrated or that members who are better integrated do not quit the club – or both.

Participation in competitive sport is associated with higher scores in the "interaction"-dimension of social integration, which makes sense as people who want

and can participate in competitions for a club might have more possibilities for interactions within their team. However, often people with more complex needs experience more constraining factors to participation in competitive mainstream sport (Jeanes et al., 2017). Since the focus of sports clubs is guided by a particular convention, most often competitiveness (Skille, 2011), this leads to an organisational identity that promotes social integration particularly for those members who engage in competitions. Stenling and Fahlén (2016) found that the main purpose of most clubs in Sweden is to prepare members for participation in competitive sport and that fewer clubs focus on secure access to sport for the target group of people with disabilities as their core purpose.

People with disabilities who practice sport only in a separate group with other people with disabilities score significantly lower with regard to "interaction" than people who practice sport together with people without disabilities. For the "understanding/acceptance"-dimension and the "identification"- dimension of social integration there are no differences between various forms of sporting groups. There are two possible explanations for the observation that members with disabilities in mixed groups have a higher rate of social contact. One reason might be that these groups offer members with disabilities more opportunities for conversation with other members. Another possible explanation is that members with disabilities who like having more social contacts and conversation, are more inclined to join mixed training groups together with people without disabilities than members with disabilities who feel less comfortable in joint sport groups. One could argue that there are other possibilities, for example joint social events, to integrate members with disabilities in the broader context of a club if it is too difficult to include them in mainstream teams. However, Jeanes et al. (2017) found that probably only few clubs implement these kinds of social

gatherings and that the implementation is strongly reliant on committed volunteers. Our findings contradict the general conception that members with disabilities are primarily integrated in separate sports clubs due to exclusion (Collins & Kay, 2014; Patel, 2015) as according to the member survey only 38 members practice exclusively in a separate setting. However, this must be interpreted with caution as not many disability sports clubs were selected for the sample.

All in all, the degree of social integration seems to be more strongly associated with individual factors regarding affiliation and participation in a club than disability-specific variables on the individual level and club goals and initiatives on the structural level of sports clubs. Disability-specific variables might be more relevant for structural integration, the representation of a population group, which matches with findings of previous studies (Darcy, Lock, & T. Taylor, 2017; Darcy, T. Taylor, Murphy, & Lock, 2011). The same applies for club policy, as according to the club survey special initiatives are positively correlated with structural integration (Elmose-Østerlund et al., 2017). However, according to the member survey, targeted initiatives are only positively correlated with identification as these, for example, maybe help members with disabilities to feel more supported by the club and other members. Furthermore, the specific club goals analysed even had no relevance for social integration of members with disabilities which rather contradicts previous findings (e.g. Baur & Braun, 2003; Nagel, 2006). However, these findings were not specifically tied to the target group of people with disabilities and the analysed variables are not directly comparable. This lack of importance of club goals might be due to a lack of strategic actions of sports clubs to adapt social policy objectives of governments and sport associations that have the goal to integrate people with diverse backgrounds (Spaaij et al., 2018; Spaaij et al., 2014).

As there were no country differences regarding understanding/acceptance, interaction and identification despite different sport systems, the results presented can be cautiously generalised in the European context. However, there might be differences between countries when it comes to structural integration.

Limitations and implications for future research

Referring to the indicators of disabilities, a specific limitation might be the different understanding of disabilities in different languages and cultures as no international framework like the ICF (International Classification of Functioning, Disability and Health, World Heatlh Organization, 2001) was applied to assess disability (Üstün, Chatterji, Bickenbach, Kostanjsek, & Schneider, 2003).

Regarding the operationalisation of the two sub-dimensions of socio-cultural integration we probably do not have enough items that they are separated in the factor analysis. Consequently, in future studies there should be more items on this dimension in order to differentiate empirically between these sub-dimensions.

Because the sample contains only people who are already members of a sports club there might be a selection bias as non-members were not surveyed. Relating to selection bias, it can also be assumed that the most socially integrated members and volunteers were more inclined to fill in the survey than the less involved and engaged and probably also clubs that focus more on social integration of their members were more likely interested in participating in the study. Therefore, it cannot be expected that clubs in each country were representative and social integration of sports club members might be overestimated. Moreover, future research should also focus on non-members, because they are very likely to perceive barriers that inhibit a membership in a sports club and consequently social integration.

As only cross-sectional data were collected, for future research longitudinal studies are needed to reveal causal relations and social mechanisms, for example whether members that are engaged in volunteering become more socially integrated or if better socially integrated members become volunteers. The same applies for the membership duration: Do members become better integrated over time or do they remain a member because they are better integrated in the club from the baseline on? Furthermore, greater attention should be payed to possible relevant factors at the club level, as in this study these factors were only given minor importance. To analyse this, larger samples of members with disabilities for each sports club are necessary to conduct multilevel analyses with individuals nested in sports clubs and to focus more on policy variables.

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Tables

Table 1. Sample.

Country	N_{clubs}	$N_{members}$	$N_{members\ with\ disabilities}$
Belgium (Flanders)	47	762	54
Denmark	36	3 163	529
England	40	717	89
Germany	141	2 455	290
Hungary	47	716	84
The Netherlands	144	1 965	173
Norway	30	1 330	121
Poland	61	570	62
Spain	55	445	27
Switzerland	41	959	53
Total	642	13 082	1 482

Table 2. Rotated factor loadings from the factor analysis involving the 14 items describing social integration using oblique (direct oblimin) rotation (Elmose-Østerlund et al., accepted).

Items	Dim. 1	Dim. 2	Dim. 3
I understand how the club functions (1–5)	0.804	0.182	−0.084
I know when and how to give my opinion when decisions are made in the club (1–5)	0.838	0.146	−0.065
Other people from the club respect me for who I am (1–5)	0.509	−0.014	−0.436
I participate in the club's social gatherings (e.g. parties, family days, Christmas dinners, etc.) (1–7)	0.043	0.647	−0.109
I stay in the club sometime after training, matches, tournaments or the like to talk to other people from the club (1–7)	0.094	0.784	0.055
When I am in the club, I talk to other people from the club than those who belong to my team/group (1–7)	0.205	0.747	0.164
I have made new friends through participation in the club (0–1)	-0.138	0.530	−0.276
I socialise with people from the club, which I did not know before joining, outside of the club (0–1)	-0.177	0.567	−0.241
How many people from the club would you estimate that you know by name? (1–7)	0.118	0.738	0.043
There is a good atmosphere in the club (1–5)	0.264	−0.282	−0.726
I am proud to say that I belong to the club (1–5)	0.205	−0.105	−0.777
It is important for me to socialise with other people from the club (1–5)	-0.059	0.280	−0.683
The club is one of the most important social groups I belong to (1–5)	-0.095	0.362	−0.648
In the club, we help and support each other in private matters if necessary (1–5)	-0.005	0.196	−0.701
Eigenvalues	1.210	5.280	2.000
% of variance	8.642	37.716	14.285
Cronbach's alpha value	0.799	0.750	0.832

Cells in the grey background indicate the dimension to which each variable had the highest rotated factor loading. N = 9 046–10 180 cases were included in the factor analysis depending on the number of missing values in the pairwise analyses (Elmose-Østerlund et al., accepted). Dim. 1: Understanding/acceptance; Dim. 2: Interaction; Dim. 3: Identification.

Table 3. Descriptive statistics for the independent variables included in the OLS regression models (only for people with disabilities).

Independent variables	Percentage (%)	Total number of replies (N)
Disability status and socio-demographic background		
Disability form (dichotomous)		1 482
- Physical disability (yes)	40.9	
- Visual impairment(yes)	12.9	
- Hearing impairment (yes)	15.2	
- Chronic disease (yes)	44.3	
- Psychosocial disability (yes)	6.1	
Needs special adjustments (yes)	9.3	1 418
Restrictions (dichotomous: at least one restriction of a category)		1 317
- Personal restrictions (yes)	41.5	
- Social restrictions (yes)	16.0	
- Structural restrictions (yes)	9.1	
- Other restrictions (yes)	9.2	
Gender		1 480
- 1: Woman	39.4	
- 2: Man	60.6	
Age (categorised)		1 447
- 1: 16–39 years (ref.)	22.1	
- 2: 40–59 years	36.9	
- 3: 60 years or more	41.0	
Educational level		1 420
- 1: Low (ref.)	13.2	
- 2: Medium	44.7	
- 3: High	42.1	
Affiliation and participation		
Regular volunteer (yes)	34.5	1 482
Occasional volunteer (yes)	43.9	1 482
Years connected to the club (1–6)		1 477
- 1: Less than 1 year	6.9	
- 2: 1 to 2 years	11.6	
- 3: 3 to 4 years	13.3	
- 4: 5 to 10 years	20.6	
- 5: 11 to 20 years	19.0	
- 6: More than 20 years	28.6	
Frequency of sport participation (0–5)		1 453
- 0: Never/not sports active in the club	25.1	
- 1: Less than once a month	3.2	
- 2: 1–3 times a month	8.2	
- 3: 1 time a week	23.5	
- 4: 2 times a week	25.8	
- 5: 3 times a week or more	14.2	
Participation in competitive sport		1 090
- 0: No	56.6	
- 1: Yes	43.4	
Team/group size		1 415
- 0: Not sports active	25.8	
- 1: 0–2 others (ref.)	7.1	
- 2: 3–10 others	25.7	
- 3: More than 10 others	41.4	
Separate vs. mixed setting		1 135
- Separate setting (ref.)	2.6	
- Mixed setting	52.9	
- Both settings	21.1	

Table 4. T-test-comparison of social integration of people with and without disabilities.

	Disability	**N**	**M**	**SD**	**T-test for equality of means**
Understanding/ acceptance	Yes	1 403	77.322	21.974	$t^2(1\ 822.846) = -.168$; $p = 0.867$
	No	8 729	77.429	20.662	
Interaction	Yes	1 479	63.687	24.348	$t^1(10\ 559) = 1.636$; $p = 0.102$
	No	9 082	64.790	23.997	
Identification	Yes	1 443	73.024	22.857	$t^2(1\ 876.793) = .800$; $p = 0.424$
	No	8 966	72.509	21.523	

1. equal variances assumed; 2. equal variances not assumed; p: 2-tailed significance

Table 5. OLS regression models for members with disabilities.

	Understanding/acceptance			Interaction			Identification		
Independent variables	Model 1	Model 2	Model 3	Model 1	Model 2	Model 3	Model 1	Model 2	Model 3
Disability status and socio-demographic background									
Disability form (dichotomous)									
- Physical disability (yes)	−0.952	−0.632	0.112	−2.613	−1.678	−2.032	−1.628	−1.242	−1.712
- Visual impairment (yes)	−1.342	0.092	1.441	0.948	1.930	0.425	0.408	1.451	1.530
- Hearing impairment (yes)	−1.787	−1.193	0.762	0.199	0.984	1.748	−1.293	−2.055	0.234
- Chronic disease (yes)	−2.502	−2.208	−1.311	0.950	0.907	2.091	−0.188	0.533	1.829
- Psychosocial disability (yes)	−9.0299**	−5.239	-4.563	−2.810	−2.318	−2.193	−3.748	−0.504	−0.220
Needs special adjustments (yes)	−1.443	−1.030	−1.354	−1.168	−2.290	−1.030	0.033	0.918	2.361
Restrictions (dichotomous)									
Personal restrictions (yes)	−0.063	0.141	−0.244	0.375	0.761	0.451	−0.610	−0.514	−0.730
Social restrictions (yes)	−3.510	−3.115	−3.094	−5.994**	−1.390	−1.277	−5.288*	−3.967	−4.646
Structural restrictions (yes)	2.024	3.243	2.213	2.326	2.344	1.523	0.916	1.012	1.141
Other restrictions (yes)	0.364	0.780	1.001	0.579	−0.294	−1.459	1.686	2.962	2.787
Gender (man)	2.953*	1.808	2.433	5.352***	0.245	0.701	−0.001	−1.050	−1.223
Age (categorised)									
- 16–39 years (ref.)									
- 40–59 years	1.048	1.305	2.130	−0.808	−3.163	−4.449*	−4.428*	−3.829*	−3.475
- 60 years or more	3.304	4.626	4.977*	−0.936	−1.934	−2.658	−1.773	0.127	0.282
Educational level									
- Low (ref.)									
- Medium	3.691	3.866	2.720	−0.389	−0.880	−2.320	−1.661	−2.146	−1.753
- High	4.348*	4.546*	2.820	−2.213	−1.058	−2.501	−5.603**	−5165.*	−5.725*
Regular volunteer (yes)		9.877***	10.287***		10.902***	9.827***		8.046***	8.104***
Occasional volunteer (yes)		4.485***	5.404***		9.064***	10.108***		5.000***	5.533***
Years connected to the club (1–6)		0.916*	0.744		4.401***	4.263***		0.916	0.891
Frequency of sport		1.074	1.290		3.699***	3.498***		0.647	0.716

participation (0–5)									
Participation in competitive sport (yes)		2.252	2.400		9.104***	9.790***		3.251	3.446
Team/group size									
- Not sports active		0.795	1.461		20.350***	21.257***		6.151	7.979
- 0–2 others (ref.)									
- 3–10 others		−1.883	−2.339		9.059***	10.258***		5.739*	6.169*
- More than 10 others		-0.619	−1.554		10.609***	10.447***		8.556***	8.452**
-									
Separate vs. mixed setting									
- Separate setting (ref.)									
- Mixed setting			0.027			5.431			3.312
- Both settings			2.530			9.579*			5.211
Constant	70.692***	58.076***	56.770***	58.168***	15.736***	10.987	80.402***	61.309***	56.867***
R^2	0.032	0.127	0.149	0.026	0.367	0.388	0.028	0.116	0.136
N	1 146	1 031	831	1 198	1 073	864	1 174	1 055	850

Non-standardised beta coefficients are presented; *$p \leq 0.05$; ** $p \leq 0.01$; ***$p \leq 0.001$